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CONFIRMATION NO. 7792

<b>SERIAL NUMBER</b> 10/050,902	<b>FILING OR 371(c) DATE</b> 01/18/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 1700.0190004/BJD/SJE
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**\*\* CONTINUING DATA \*\*\*\*\***

MM

This appln claims benefit of 60/331,045 11/07/2001 and claims benefit of 60/326,998 10/05/2001  
and claims benefit of 60/288,549 05/04/2001  
and claims benefit of 60/262,379 01/19/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None MM

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
10/31/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 54	<b>TOTAL CLAIMS</b> 218	<b>INDEPENDENT CLAIMS</b> 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>MM</u>				

**ADDRESS**

26111

**TITLE**

Molecular antigen array

<b>FILING FEE RECEIVED</b> 6362	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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